## **Washington Department of Ecology** Transporter/Collector Registration Form (Transporting and/or Collecting Recyclable Materials)

**Identification Number** (For official use only)

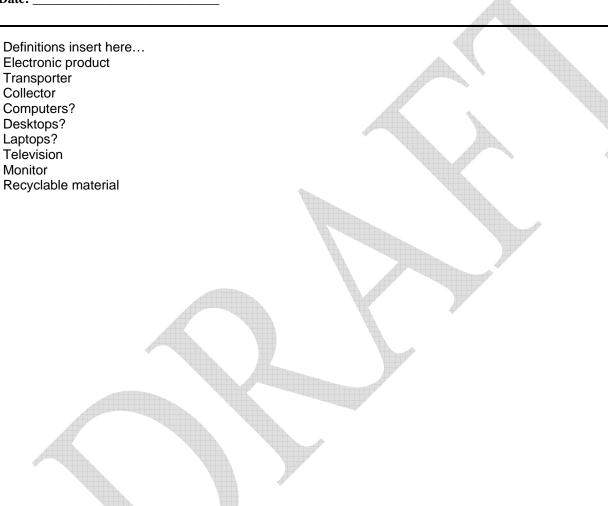
Definitions are provided at the end of this form and can also be found in Chapter 173-900 WAC Washington Electronic Product Recycling Program and in Chapter 70.95 RCW Solid Waste Management - Reduction and Recycle.

Section 1: General Information	
Name of Company:	Calendar Year of Registration:
UBI #	
Contact Name:	Mailing address
Position in organization:	Street:
Phone: Fax:	
e-mail address:	City: State: Zip:
Are you a transporter of recyclable materials?   Yes No (If yes, you must complete section 2)  Do you collect electronic products for recycling:   Yes No (If Yes, you must complete Section 3)  After completing the appropriate sections below, you must sign and date the form prior to submitting it to Ecology.	
Section 2: Transporter Information (complete if appropriate):	
Check appropriate box and provide dates:  Currently operating – Operation start date:  Plan to start operations on:  Out of business – Close date:  Operations currently suspended – Restart date:  Provide your service area:  List the county(s) where your company provides transporter services. (List individual cities if you do not provide services in the entire county):	
Provide the permit and licensing information below:  Common Carrier Permit #  State Business License #  USDOT business License # (intra-state transportation):	Commodities transported for recycling (check all that apply):  desktop computers, laptops, monitors, for recycling televisions for recycling other
<pre><pver></pver></pre>	

Section 3: Collector Information (complete if appropriate):		
Provide the address or location (legal description if no street address) of each staffed collection site. (Attach additional	Check appropriate box and provide dates:	
pages if needed.):	☐ Currently operating – Operation start date:	
Facility Name:	Plan to start operations on	
	Out of business – Close date:	
Street address:	Operations currently suspended – Restart date:	
City States		
City: State: Zip: Facility Phone:		
Facility Contact:		
Tacinty Contact.		
Contact Mailing Address (if different):		
City: State: Zip:		
Facility Contact Phone (if different):		
Operator (Company/Business):		
Operator Contact (Name):		
County:		
Legal description if no address:		
Commodities currently collected (check all that apply):		
desktop computers, laptops, monitors, for recycling		
televisions for recycling		
other other		
Provide your service area:		
List the county(s) where your company provides collection services. (List individual cities if you do not provide services in the		
entire county):		
Provide the permit and licensing information below:		
State Business License #		

ADA Language Form # 2

## Section 4: Compliance: I certify that to the best of my knowledge, the information contained herein about my company is accurate, true and complete and my company is in compliance with all applicable state laws and regulations. Signature of responsible individual: The registration form must be signed by the individual responsible for implementing the company's requirements under the WA Electronic Product Recycling Program. Print Name Print Name Definitions insert here... Electronic product Transporter Collectors



ADA Language Form # 3